

# **LEARNING NARRATIVE THERAPY BACKWARDS: EXEMPLARY TALES AS AN ALTERNATIVE PEDAGOGY FOR LEARNING PRACTICE**

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*This article provides an account of our experience trying out exemplary tales as an alternative pedagogy for learning narrative therapy. The laboratory for this experiment was a semester-long graduate course on narrative therapy taught at North Dakota State University. Rather than following a traditional structure of first teaching the theoretical concepts through readings, we instead started in sort of a backwards manner by introducing students to the practice of narrative therapy through exemplary tales. We developed a pedagogy that required students to set aside the use of professionalized understandings or accounts of practice and instead rely on their own knowings and words to learn how to name and map the practices that were highlighted in the stories. Our hope was that through this engaged learning process students would come to an experience near learning of narrative therapy that was informed by the spirit and ethics of the practice itself.*

If I've learned one thing in life, it is to just say yes when David Epston asks if you want to join him in a project (or an adventure, as he might call it). If my experience is anything to go by, I can assure you that if you ever get the opportunity, it will be

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quite a ride. Fortunately for me, I managed to learn this rather quickly upon hearing David's first such invitation to join him on a project to see if there might be some merit in case stories as a pedagogy for learning narrative practice.

I had just returned from giving a keynote presentation at the International Narrative Therapy and Community Work Conference in Adelaide, Australia, in November 2014 when David extended me the invitation to join him in this particular endeavor. I had only met David once before. During one of our conversations after the conference day had ended (I think that we had all gathered together at a nearby pub), David told me about a dream of his to try out a novel approach to teaching narrative practice through the use of what he referred to as "exemplary tales." As readers of the first special section on this topic (Epston & Carlson, 2016) are now familiar with, writing exemplary tales represents a departure from the implicit purposes of the academic genre to explicitly teach theory, concepts, principles, and skills. David shared how he had grown weary of such "knowledge imparting" practices of teaching and was concerned about the ways in which they have begun to be replicated in the teaching of narrative practice in recent years. In contrast to typical knowledge-imparting practices of writing, case story writers make it a point to privilege a way of writing that is more of an illustration of narrative practice situated in the actual context of the work. In this way, case story writing is a storied version of practice that intentionally avoids the use of theoretical jargon or reference to any particular set of practices in favor of painting a picture of narrative practice that intends to help readers become immersed in the thinking, concerns, and hopes of all involved. As a showing rather than a telling of practice, case stories invite readers into the mind and heart of the therapist and encourages them to find their own way through the values, beliefs, and ethics that guide the therapist's practices. David commented that he hoped that a case story approach to teaching narrative practice might have the effect of sparking the imagination and creativity of the readers so they can learn how to be mappers (rather than mere map followers) of the spirit and artistry of narrative practice. In a perfect world, David said he would love to see students learn how to practice narrative therapy initially through the reading and mapping of case stories, and appropriate theoretical readings would then follow.

As luck, or fate, would have it, I was getting ready to co-teach an entire course on narrative therapy with my colleague Amanda Haire starting in January of 2015. When I told David about our upcoming course on narrative therapy, he asked if we might be willing try out his case story approach in our teaching of the class. He assured me that if we agreed he would provide me with more than enough material from the collection of case stories he had written over the years and the more recent stories written by those he had mentored. I told David that Amanda and I would be only too happy to give his hopes a test. While the idea of case stories as a pedagogy for learning was a dream of David's, at the time we agreed to partner together in this particular adventure, it was nothing more than a dream with a few sketched-out plans, as if on a napkin. We were going to have to invent the pedagogy as we went along.

Over the next month, as promised, case stories regularly arrived onto my computer by emails from David. By the time it was said and done, we ended up with a healthy stock of case stories (approximately 20 in all) to use for our pedagogical experiment. And, while we didn't have the luxury of dedicating an entire semester-long course to case stories alone, we decided early on that we would refrain from teaching or assigning any theoretical readings on narrative therapy for the first 3 weeks of the semester. Instead, we would rely exclusively on the reading and study of the case stories David had provided. It was our hope that by starting with the case stories, students would have the opportunity to immerse themselves in the spirit and ethics of narrative practice and to experience it prior to recourse to any technical or theoretical terminologies. In a manner of speaking, we were looking for them to find their way in their own experience-near words. What follows is a detailed description of an emerging pedagogy of teaching narrative practice through virtual apprenticeships to the storyteller/practitioner of exemplary tales.

The remainder of the article will be structured in the following way. First, Amanda, David, and I will outline the particular immersive pedagogical practices we developed for the course and the central role that case stories played in the initial 3 weeks and throughout the rest of the 16-week course. Second, three students who participated in the course (Ana Huerta Lopez, Emily Corturillo, and Sara Vedvei) will share their personal experiences of their virtual apprenticeships. Third, we will provide a detailed account of how we engaged with our pedagogy with a particular case story over the course of an entire 3-hour-long class. As part of this account, we invited Sasha Pilkington, author of "Traveling on the Journey to Death" (2014), to respond to the students' interpretations of her practice. And, finally, Amanda, David, and I will offer our own reflections of our experience with both the invention and outcome of using case stories as a pedagogy for teaching narrative therapy practice to newcomers.

## OUTLINING OUR PEDAGOGICAL APPROACH

Before we offer an outline of our pedagogical approach, let us first say that this is not meant in any way to represent a finished product. We are at the absolute beginning of experimenting with it along with several of our colleagues, including Travis Heath (Metro State University, Denver), Kay Ingamells and Sasha Pilkington (Auckland, New Zealand), and Nina Tejs Jørring (Copenhagen, Denmark). Admittedly, we hastily began without knowing what lay ahead of us, due to the limited time we had before the course was to begin, but we had a conviction that we would all find our way. And, despite this, the outcomes far exceeded anything we could have imagined possible. The students reported in their end-of-semester assessments of the course that one 3-hour class using the case story approach was worth, in their estimation, 24 (a factor of 8 times) to 48 (a factor of 16 times) hours

of learning when compared to traditional approaches. This means that one 3-hour class period using the case story approach was equal to at least half a semester and up to an entire semester's worth of learning. We admit that the students may have been biased here, but you need to be aware that they are comparing the exemplary tale pedagogy to the previous trainings that Amanda and I had provided. In research terms, this approximates a repeated measure design. Needless to say, the results of our first unrehearsed attempt surprised us and have certainly caught our attention since then.

As we mentioned earlier, what guided the invention of this pedagogy was the hope for an immersive experience-near learning of narrative practice. We decided to dedicate the first 3 weeks of class to the reading and study of case stories alone. At David's recommendation, the students were provided with the following instruction:

As you begin the process of learning narrative practice through the reading, reflection, and collaborative study of the case stories that David has kindly provided us, please do your best to avoid relying on professionalized and theoretical vocabularies as you respond to the questions that have been provided to aid you in your reflections. In particular, please refrain from the use of any narrative therapy terms that you may have previously learned about and rely instead on your own vocabularies of experience as you find your own way through these tales.

We see such an invitation as essential to the learning that is possible through the study of exemplary tales. Rather than simply identifying an existing narrative practice that has already been named (e.g., unique outcomes, externalizing conversations, landscape of action, and identity), students are asked: (1) to search for and find, in their own vocabularies, the values, beliefs, and ethics that appear to be guiding the decisions of storyteller/practitioner; and (2) to identify what they speculate to be the effects of specific practices on the way the people portrayed in the story might experience their lives as a consequence. We will provide an example of just how important this distinction is later on in the article. For now, let us return to a more detailed account of our pedagogy.

### **Part One: Individual Reading and Reflection**

For the first 3 weeks, students were assigned two case stories before each 3-hour class. In order to help students engage in a more experience-near reading of the case stories, we asked them to bring their reflections to class in writing on the following questions:

1. As you are reading through this particular case story, are there any questions of the storyteller therapist or turning points in the tale that seemed to capture your imagination, which you just couldn't seem to put out of your mind and/or heart? If so, can you speculate as to what it was about these particular questions/turning points that captured your mind and/or heart?

2. What did the case story teach you about the spirit of narrative practice? How did this spirit show up in the therapist's practice?
3. As you look back over the past week, by chance, is there anything from the exemplary tales that has made an appearance in your own practice?

*Part One (A): Paired Discussions.* For the first part of class (approximately 30 minutes), students were invited to break up into pairs and share some of the highlights from their written reflections with one another. When the highlights focused on the particular questions/turning points that captured their imaginations, the students were encouraged to ask each other the following question: "Can you help me understand what it was about this particular question/turning point that seemed to capture your mind and/or heart in the way that it did?" After talking about two or three particular questions/turning points (approximately 15 minutes), the students were asked to share what they had learned about the ethics and/or spirit of narrative practice as a consequence of reading the case story.

*Part One (B): Group Reflection.* For the next 30 minutes, each pair of students was invited to share with the entire class a summary of their conversations, with a particular focus on the shared knowledges and understandings that emerged during their initial paired discussions. As common themes emerged in the larger group conversation related to the spirit and ethics of narrative practice, they were recorded on a white board for further consideration during the next stage of the process. This was completed until every pair had had an opportunity to share their summaries. On average, for every case story the students read, the class named 7 or 8 values or ethics that they conjectured had guided the way the storyteller/practitioner was engaged with the people portrayed in the case stories. For example, in their response to reading Sasha Pilkington's tale "Traveling on the Journey to Death: A Story Illustrating Narrative Practice for Counselors" (2014) the students collectively named the following ethics as guiding Sasha's practice: "a belief that the client was so much more than his illness," "a spirit of bearing witness," "an urgency to communicate care and respect," "a commitment to contextualize struggles," and "a spirit of never giving up on hope."

### **Part Two: Naming of Practices as Illustrated by Identified Ethics**

For the remainder of the class period, we scrutinized each of the identified guiding ethics, looking at how they had found their way into the questioning and relationship practices performed by the storyteller/practitioner. To help us to further interrogate how this ethic showed up in the practice of the therapist, we asked students the following questions:

1. As you look back over this particular case story, what were some of the questions the storyteller used that are indicative of this particular guiding ethic?

2. As you take a closer look at this question (or set of questions), can you speculate why the storyteller might have asked this particular question right then and there? Why might the storyteller have chosen to go in “x” direction rather than in “y” direction?
3. What did these questions lead the client to consider that they may have very likely never considered before?
4. What did these questions lead the client to do that they have very likely never have done before and that might now be considered out of character?
5. How might this question have led the client to consider herself as having more moral character? If so, can you speculate how that came about?
6. If you were to come up with a name for such lines of questioning, how might you refer to them?

The intention of this exercise on our part is to engage the students in an active mapping of the work that is being performed by the storyteller/practitioner. This requires the students to catch the drift of how particular questions are doing the work of the guiding ethics that they identified. They are then invited to use their own judgment in deducing why the storyteller chose to use each particular question at that precise moment. By engaging in this guesswork, the students are introducing themselves to mapping the practice of others and in the process how such maps might inform their own practice. Learning how to map the practice of others is markedly different in effect than merely copying an extant map onto your practice. It has been our experience that learning to follow such maps, no matter how well they are presented, can have the effect of constraining practice and encouraging students to be more concerned with their fidelity to it. In contrast, by learning how to map the practice of others by means of exemplary tales, these learned maps become living maps that can accompany students into their practice.

### **Part Three: Mapping Transcribed Practice**

As a final assignment in the course, students were asked to transcribe a therapy session they had conducted and then follow the very same mapping process they had followed with the exemplary tales throughout the semester and apply it to their own work. In particular, students were asked to name the values, beliefs, and ethics that were guiding their work and the ways those ethics showed up in their practice. Students were also asked to look for and identify question practices that appeared to be unique to their own way of engaging with clients. In other words, students were invited to map the ways in which they were originating their own practice as well as continuing on in their virtual apprenticeships to the storytellers/practitioners.

While we had hoped that this mapping assignment would be beneficial to our students' learning, we could never have imagined the dramatic effects that learning to map their own practice would have on students' experiences of their development and worth as therapists. Students almost universally commented that they came

to the realization that they had indeed been able to invent some unique aspects of their practice and felt a great sense of pride that they were able to do so at such an early stage in their respective careers. Ana commented:

As I closely reviewed my own transcripts, I discovered that I was being an inventor and that I was actually generating my own unique narrative questions. As I felt more and more immersed in the heart of narrative beliefs and values (as revealed to me through the case stories), I felt less pressure to replicate the work of other narrative therapists. I didn't feel any need to copy, instead I felt inspired by the essence and beauty of narrative therapy in my work with my clients. This project helped me to realize that I was transforming as a narrative therapist. Throughout the course of the semester, I remember feeling more and more at ease during my sessions; that I no longer had to work so hard to conjure up "good" narrative therapy questions. They seemed to flow naturally now. I even remember surprising myself by some of the questions that I asked during my sessions. And sometimes, I even felt a bit in awe of myself that I was asking my very own kind of narrative questions.

Ana's comments remind us that copying the practice of others creates an inevitable sense of always being an approximation of an established form of excellence; that the best you can do is copy, so that all of your energies are given to copying rather than originating your own practice. One of the consequences of copying practices is that student therapists can very easily feel that that will never measure up and will always fall short of becoming as good as the person they are attempting to copy. This sense of not measuring up can have serious negative effects on students' emerging stories of themselves as practitioners and can often bring about a sense of personal inadequacy.

When we first informed our students that they would be transcribing and mapping their own work (and sharing it with the entire class), it was almost universally met with dread and trepidation. Some students expressed a concern that they might come away from such an assignment with feelings of inadequacy about their work. The outcome of participating in this mapping project, however, had quite the opposite effect. After completing the assignment and sharing their work with others, each and every student realized that they had the capacity to invent practice and came away with the sense that they had the potential to become originals rather than mere copiers.

### **Student Reflections**

While we hope that the above description of our emerging pedagogy may be of some assistance to others interested in trying it out in their own contexts, we have discovered that our descriptions fail in comparison to the words of our students and their accounts of the influence of participating in this alternative way of learning narrative practice. Therefore, at this point, we turn to the accounts of three of our students (Ana, Emily, and Sara) one year later. Although you may find that

these reflections seem to parallel one another, they were written independently and without any consultation with one another.

*Ana's Reflection.* When I first heard Tom and Amanda say that we would be doing nothing but reading exemplary tales for the first few weeks of class, I admit that I wasn't quite sure what to expect. I remember thinking, "Wouldn't it be better to start reading about the theory first? What are we going to learn by reading a story about someone's practice if they don't even name the practices that they are using?" I had my doubts but decided to trust that they knew what they were doing.

After reading the very first exemplary tale, "Traveling on the Journey to Death: A Story Illustrating Narrative Practice for Counselors" by Sasha Pilkington, I was hooked. I can still remember almost every detail of Sasha's story. Her story inspired me and moved me to tears. I was spellbound as I was reading her tell the story of her work with the family. I couldn't wait to find out how things would turn out for them. And even though I had never met the family, I found myself caring for them in ways that surprised me. Somehow the family in the story had moved me, and I felt a sense of responsibility to honor them in my work with others.

While I will never forget the influence of my reading of this first tale by Sasha, every exemplary tale that we read had a transformative effect on my experience of myself and what seemed possible in therapy. And while I had learned a bit about narrative practice earlier in my training, the exemplary tales captured me, and I felt as if I was learning narrative therapy in an entirely different way. As I was reading and mapping the different exemplary tales throughout the semester, it felt as if narrative ideas were becoming a part of my own heart and spirit. And I could even feel my own life being transformed along with the lives of the families who were portrayed in the stories. I somehow felt lighter.

Another thing that I think that the exemplary tales offered me is that I felt like I had an "in"—that I was somehow inside the room with the therapist and clients and that I could see narrative therapy through the hopeful and loving eyes of the storyteller therapist. As an insider to the work of the therapist and the families in the stories, I felt like I had an intimate experience with the ethics and practices of narrative therapy.

Engaging in a mapping of my own practice was also was extremely helpful. While I have to admit that I was a bit nervous about this assignment at the beginning of the class, reading the exemplary tales revealed to me that there was an affinity between my own values and beliefs and those of the therapists that I was reading about. The stories became companions to me in my work with my own clients. In fact, the stories and the people in them seemed to show up when I needed them most. The funny thing is that I didn't have to do anything to conjure them up. I carried them with me in my heart. As a result, I began to worry less and less about asking the right kind of narrative questions. As I found myself guided more and more by the heart and spirit of narrative therapy, the questions just seemed to come to me as an invention. Reading the case stories and learning how to map was



incredibly freeing. Through the mapping of my own work, I could now see that the very spirit and heart of narrative therapy was alive in my own practice. I became aware that I had been freed from following a scripted or step-by-step method of how to do narrative therapy.

*Emily's Reflection.* When I sat down with an armload of the assigned narrative therapy texts on the first day of class, I expected the day to go as previous first days had gone. A warm welcome from the faculty and a review of the syllabus. While the beginning of this class was the same as the many others I had participated in up to that point, the experience was incredibly different. Our professors, Tom and Amanda, explained that we would be studying and learning about narrative therapy in a rather unusual way. Instead of beginning our learning through the reading of books or articles that describe the theories pertaining to narrative practice or going through step-by-step maps of narrative practice, we were going to learn how to be narrative therapists through reading stories (exemplary tales) and creating our own maps of the practices found within them. While I had my doubts at first hearing this, my doubts increased exponentially when I learned that the stories we would be reading didn't use any theoretical jargon or attempt to explain narrative therapy practices. Rather, the intent of these stories, we were told, was to immerse us in an experiential learning of narrative ideas through ways in which the storyteller/practitioner engaged with the clients in the story. How could I as a newcomer therapist learn anything from this style of teaching? I remember thinking, "This isn't therapy training—at best this is a literature class!" Despite my doubts and worries, what else could I do but surrender? And that I did!

Admittedly, I was quite skeptical and unsure as to how reading these stories would help me learn how to *do* narrative therapy. But my doubts quickly faded as I read "Traveling on the Journey to Death" by Sasha Pilkington. To say that I was moved by Sasha's story would be an understatement. In fact, the story itself changed me. I immediately sensed that this was going to be a semester of learning unlike any other I had experienced thus far. The challenge was learning how to learn in a way that did not align with the typical pedagogies in higher education. Since I had spent many years in school, all the while being inundated with the dominant discourse of how learning should occur (e.g., an expert-based approach where the professor imparts knowledge to the student through the recitation of lectures), it was a struggle for me to consider how the reading of these stories could be *real learning*. I had to intentionally suspend my disbelief and be open to a new way of learning; however, I had to remind myself from time to time that I really was learning something whenever the dominant paradigm of "proper learning" reared its ugly head.

One of the primary ways that Tom and Amanda helped us to learn from these stories was to "map" them. Like most people familiar with narrative therapy, I thought this meant we would use Michael White's wonderful maps of narrative practice as our guide. I would have assumed that the best way to learn narrative

therapy was to read these stories and then place Michael White's map like a transparency over the story and find examples where the storyteller/practitioner had followed his map. In fact, not only did Tom and Amanda not have us use Michael's maps, they asked us to put them away and to try to discover the unique map that was guiding each storyteller/practitioner. And as if this was not enough, we were asked to do so using our own words and descriptions and to avoid the use of any narrative therapy jargon.

This process of mapping each individual case story was challenging at first, but it ended up being the key that unlocked my learning of narrative practice. The more stories I mapped, the more I realized how *alive* narrative therapy can be. To me, narrative therapy became a living, breathing entity that we, as therapists, can become part of. Narrative therapy was no longer about asking a specific set of questions or following a specific map. Through my engagement in the mapping of these stories, I realized that there isn't just one map of narrative practice—and perhaps most importantly I learned that my own unique map of narrative practice, even as a novel therapist, was just as valid, just as *precious*, as those of the “experts”! I believe it is this epiphany that allowed me to *be* a narrative therapist rather than simply *doing* it. It was completely freeing!

When I engaged in a mapping of my own work, I suddenly heard myself asking clients questions that I'd never heard before. While they may have had a familiar ring to those in the stories that I had read, they were definitely my own. In fact, when I finally took stock of some of the questions I was asking in my final project, I realized that I was asking questions that I never thought I'd be capable of formulating on my own at any point in my career! When sitting with a client in their moments of devastation, rather than feeling despair, the stories that I had read gave me hope and encouragement. Rather than feeling at a loss for words or struggling to find the *right* question to ask, the questions just seemed to come. In those moments, the cases stories that I had read seemed to flash before my mind. The stories, and the people whose lives were within them, became my companions. This happened more and more often as time went by, and I was able to immerse myself in my own spirit of this work. And as if by magic, my own map of narrative practice appeared to me and suddenly I realized that I had found my own way.

*Sara's Reflection.* The case story approach that was utilized in our narrative class was like nothing I had ever experienced before. I have always learned more easily by doing, and the exemplary tales provided a perfect vehicle for that. When I think about it, it seemed as if we were learning how to use narrative therapy backwards. Not backwards in some sort of wrong way, but I guess you could say that it was backwards in comparison to the traditional approaches of teaching and learning therapy practice. One of the most important lessons of many that I took away from learning in this way is that connecting with the spirit of the theory is just as important, if not more, as understanding its theoretical tenets and practices. It was through the mapping of the storyteller/practitioners' questions and their intentions

and hopes in asking each of the questions that I realized the importance of carrying the spirit of narrative therapy with us in our work with others. For me, I could see just how central it was to stay connected to a spirit of hope, compassion, care, and respect in our practice.

Learning *how to map* the work of others, rather than just learning how to follow an existing map, provided me with a sense of freedom that I had never felt before. The maps of narrative practice (White, 2007) that I had initially learned about were a helpful foundation as I began my therapy training, but it also felt somewhat restrictive to me; as if I was limited to following these four points only (i.e., identify problem, externalize problem, evaluation, justification). I can remember in some of my earlier therapy sessions thinking that I was lost in my work once we made our way through this map. I know that this is certainly not the intention of the maps of narrative practice, but I felt that I was missing something when I tried to follow them.

My experience of narrative therapy radically changed when we began learning through exemplary tales. It opened up my heart and mind to a whole new world of possibilities for narrative practice. As a result of reading and mapping the stories, I learned about the importance of infusing my questions with respect, kindness, compassion, and hope. And not just any hope but a hope that was a never-giving-up kind of hope. Over time, in my backwards learning of narrative practice, I suddenly realized that I was no longer worried about what kind of narrative question that I should ask next, but rather my thoughts and my focus were on finding ways of communicating my respect, my compassion, and my care for my clients. While these feelings are values that I have always held dear in my own life, the stories that I had read during the class gave them new life for me in my work as a therapist. When I first heard about narrative therapy from one of my professors, I immediately knew that there was something special about it. It felt as if I had found a kindred spirit. Then, when I learned that there was a map that I was supposed to follow, that kindred spirit started to get lost. This backwards approach to learning narrative therapy through exemplary tales was like a reunion of sorts. I could now clearly see how the practices that were used by the storyteller therapists were born of their deep care and concern for others.

It is difficult to explain the overall influence that reading the stories had on my experience of myself as a narrative therapist. I loved reading the stories because the people in them inspired me and helped me to see what was possible in therapy. And, I need to say that the clients in these stories inspired me as much or more than the therapists. The stories were written in a way that invited me to be in relationship with people whose lives were in them. I cared about them. I was moved to tears by their struggles and their courage. Eventually, I could see how the spirit and practices of the different therapists carried over from one story to the other, and I could feel the momentum behind narrative-informed questions. It wasn't long before that momentum had carried over into my own work, and somehow the stories, and the people who were in them, seemed to appear when I needed them the most.

### **A Gift Exchange: Returning the Map to the Storyteller**

While the different aspects of the pedagogy we have outlined above were somewhat accidental, perhaps the most accidental of all our discoveries was the gifting back of the students' map to the storyteller therapist. After our very first group mapping of Sasha Pilkington's story, "Traveling on the Journey to Death," we decided to send Sasha a copy of the map that the students had created to describe her practice. In addition to a copy of the map, we also provided a brief summary of the students' accounts of the ways in which they were moved by her story and what it had inspired in them in terms of what might now be possible in therapy. While our initial hopes for sending this map to Sasha were to check in with her to see how we had done in capturing the spirit of her practice, we hadn't considered the effect that this would have on Sasha's life and experience of herself as a therapist. Below is Sasha's response:

I was deeply moved by the responses of the students to my story. The class's reflections suggested that the beliefs and values that I cherish are visible in my counseling practice. They were able to sense what it is that breathes life into my work. In doing so, they turned my attention again to the ethics that guide me, offering me another glimpse of what sustains my practice. The students' recognition and acknowledgment of these values also spoke to me of what might be important to them, creating a thread of connection between us. When I met Ana and Emily in person some months after I read their comments, it was a meeting of old friends rather than strangers.

It is both humbling and exciting that conversations that have touched me in my work with others could travel out into the world, creating a catalyst for Emily, Ana, and Sara to discover in themselves more of what might be possible in their work. It was exciting to see the way that they were able to carry forward the guiding ethics of narrative therapy into their own work and use it to create their own unique questions.

To have a part in such a process is uplifting to me. I wrote the story wanting to convey the unfolding of practice so that a counselor might more comfortably step into therapeutic conversations with someone who is seriously ill. I wrote myself into the story to be transparent with the reader—that this was my practice and these were my thoughts. However, the questions Tom and Amanda posed have allowed the story to work harder for the students. They have given visibility to some of the key ingredients of narrative practice that are so often invisible. They have also given me added purpose and delight in case story writing.

### **Concluding Thoughts**

While we were immediately aware that we were embarking on a novel project, there was no way for us to predict beforehand the extent of the influence that using this case story approach to teaching narrative practice would have on the lives and practice of our students. However, it became immediately clear to us, during the students' first mapping activity of Sasha's story, that something was afoot. After the first class ended, Amanda and I returned to my office and were amazed by the ease with which the students could identify the ethics of narrative therapy and how

those ethics were expressed in the practices of the storyteller therapist. It was as if narrative therapy practice was brought to life for them in a way we had never quite seen before. The case story approach to learning narrative practice was like a booster that propelled their learning of narrative practice forward and provided a scaffolding for them to better understand the more theoretical readings that would follow.

Although the accelerated pace of the students' learning was readily apparent to us with the reading and mapping of each case story, to our great surprise, this awareness was not immediately available to our students. In fact, several of our students wondered with us whether they were really learning how to do narrative therapy at all. Upon hearing this, we took great care to present to them the "evidence" of their learning by highlighting specific examples of their ever-increasing ability to use narrative practices in their own work. While this evidence was almost unanimously irrefutable, we all wondered together how such evidence managed to count as legitimate learning. We decided to give this considerable thought over the week between classes and together came to the conclusion that the perception that they were not actually learning narrative therapy (despite the evidence to the contrary) was an effect of dominant discourses about teaching and learning that pre-establishes what it is that counts as learning in a teacher-student relationship. One such discourse that we spent considerable time discussing was the notion that legitimate learning takes place through the sharing of a teacher's expert knowledge with lectures that demonstrate step-by-step practices that come pre-packaged in a neat PowerPoint presentation. The irony here is that while none of the students actually agree with this discourse of learning, it had nonetheless affected their ability to perceive the extent of the learning that was actually taking place. Fortunately for us, we were able to externalize such dominant teaching and learning practices, which enabled us to name them as they naturally reappeared from time to time throughout the semester.

While we had already amassed a significant amount of evidence of the students' learning of narrative practices, the extent of their learning through this unique pedagogy was revealed to us on the final day of class. As their final assignment for the semester, students presented their own maps of narrative practice as revealed through a close study of transcripts from one of their therapy sessions. As part of the presentation, students were asked to share a question from their transcripts that they considered to be unique to them. After seeing and hearing each student's question, the evidence of their accelerated learning was now clear to us. After each student finished their respective presentations, we asked, "If we were to have told you on the very first day of class that by the end of the semester you would be asking questions like the one you just shared with the class, what would you have thought?" And one by one the students responded that they would never have believed it would have been possible. For us, the extent of their learning was not evidenced by their ability to articulate the tenets of social constructionism or post-structuralism, rather it was their increasing ability to ask and invent narrative questions in the context of their work with others that served as the proof of their

learning. And while such immersive learning may take place outside the immediate awareness of those involved, it is clearly evidenced in the hindsight reflections offered by Ana, Emily, and Sara.

## REFERENCES

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